

# REACTIVATION of REGISTRATION FORM

This form must be completed if you wish to change your status from Inactive to Active



Bord Altranais agus  
Cnáimhseachais na hÉireann  
Nursing and Midwifery Board  
of Ireland

## Read the following before completing this form

It should take approximately **7** working days to process this form, once it is completed correctly.

Please ensure you:

1. Complete in BLOCK CAPITAL letters

This table should assist you in completing all sections of this form.

<b>A</b>	<ul style="list-style-type: none"><li>✓ This section must be completed by <b>you</b></li><li>✓ You also need to sign and date it</li></ul>
<b>B</b>	<ul style="list-style-type: none"><li>✓ Complete Debit/Credit Card Mandate</li></ul>

## Returning your form

- Check that you have returned all pages
- Check that there are no missing details

## You should send the form to:

Registration Department,  
Nursing and Midwifery Board of Ireland (NMBI)  
18/20 Carysfort Avenue,  
Blackrock,  
Co. Dublin.

# A

This section **MUST** be completed by the applicant.

NMBI PIN ▶

SURNAME ▶   
(As per your NMBI Registration)

FORENAME ▶

DATE OF BIRTH ▶   
D D M M Y Y Y Y

Please note: If you have changed your surname, attach a certified copy of your passport, marriage certificate or Deed Poll. For more information on certified copies, visit [www.NMBI.ie/Registration](http://www.NMBI.ie/Registration).

ADDRESS ▶

LANDLINE ▶  MOBILE ▶

EMAIL ▶

Please note: You must keep your contact details up-to-date. You can update your contact details online on the My Account section [www.NMBI.ie](http://www.NMBI.ie)

SIGNATURE ▶

DATE ▶

**B** The Annual Retention Fee is €100. Please deduct €100 Annual Retention fee.

Total amount to be deducted €\_\_\_\_\_.

Please ensure your Debit/Credit Card is current and there are sufficient funds to meet the payment.

NMBI PIN ▶

APPLICANT'S NAME ▶

By signing this form, I authorise the Nursing and Midwifery Board of Ireland to deduct the appropriate fee from my Debit/Credit card

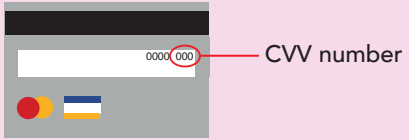
CARD TYPE ▶     

CARD NUMBER ▶

EXPIRY DATE ▶   /

CVV NUMBER ▶

(CVV Number is the three digit code on the back of the card in the top-right corner of the signature box as indicated below)



CARD HOLDER NAME ▶

(as per card)

SIGNATURE ▶

(of card holder)

For office use only: Candidate No: \_\_\_\_\_

Transaction No: \_\_\_\_\_